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Bib Data Sheet

CONFIRMATION NO. 7097

<b>SERIAL NUMBER</b> 09/942,347	<b>FILING DATE</b> 08/29/2001 <b>RULE</b>	<b>CLASS</b> 206	<b>GROUP ART UNIT</b> 3728	<b>ATTORNEY DOCKET NO.</b> CLV-31575A	
<b>APPLICANTS</b> Lance Kyle Lipscomb, Cumming, GA; . Michael Nelson Wilde, Kennesaw, GA; .					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/230,248 09/01/2000 <i>10P</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>10P</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/09/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>7-053 PL</i> Acknowledged <i>10P</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 7	<b>INDEPENDENT CLAIMS</b> (2)
<b>ADDRESS</b> 001095					
<b>TITLE</b> Textured contact lens package					
<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees.( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		